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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	
DECLARATION AND POWER OF ATTORNEY	ATTORNEY'S DOCKET NO. 2345/101

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **METHOD FOR TRANSFERRING INFORMATION**, the specification of which was filed as International Application No. PCT/EP98/02204 on 15 April 1998 and filed herewith in the United States Patent and Trademark Office.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**PRIOR FOREIGN APPLICATION(S)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GERMANY	197 17 948.7	29 April 1997		YES

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

**Richard L. Mayer (Reg. No. 22,490)**

**Erik R. Swanson (Reg. No. 40,833)**

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

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I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

1-00

FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY & ZIP CODE <b>D-64347 Griesheim</b>	STATE OR FOREIGN COUNTRY <b>Germany</b> <i>DEX</i>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Gartenstrasse 4</b>	CITY & ZIP CODE <b>D-64347 Griesheim</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>
Signature <i>[Signature]</i>		Date <i>10 November 1999</i>	
FULL NAME OF INVENTOR	FAMILY NAME <b>FROHNHOFF</b>	FIRST GIVEN NAME <b>Birgit</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY & ZIP CODE <b>D-63225 Langen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Frankfurter Str. 43c</b>	CITY & ZIP CODE <b>D-63225 Langen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>
Signature		Date	

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>DASSOW</b>	FIRST GIVEN NAME <b>Heiko</b>	SECOND GIVEN NAME
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Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>FROHNHOFF</b>	FIRST GIVEN NAME <b>Birgit</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY & ZIP CODE <b>D-63225 Langen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b> <b>DEX</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Frankfurter Str. 43c</b>	CITY & ZIP CODE <b>D-63225 Langen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>
Signature <i>Birgit Frohnhoff</i> ✓		Date <i>12.11.99</i>	

3-00

FULL NAME OF INVENTOR	FAMILY NAME <b>TERLINDE</b>	FIRST GIVEN NAME <b>Egbert</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY & ZIP CODE <b>D-64390 Erzhausen</b>	STATE OR FOREIGN COUNTRY <b>Germany DEX</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Ludwigstrasse 7</b>	CITY & ZIP CODE <b>D-64390 Erzhausen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>
Signature <i>Egbert Terlinde</i> ✓	Date <i>1999/11/07</i>		